



Diabetes Trends and Challenges Focus of Symposium

By Michael Wilson



No one is unmotivated to live a long life, Dr. William Polonsky told a packed room of DHS primary care providers late last year during a keynote address. For many patients with out-of-control diabetes, a lack of perceived value and obstacles just outweigh the benefits of self-care. Depression, emotional distress, environmental pressures, and unrealistic expectations are among the hazards patients with diabetes face on a daily slalom course where there's no gold medal at the end for hard work. Providers, he said, should balance their frustration with disengaged patients by more deeply understanding their daily struggles and how they cope. According to American Diabetes Association (ADA) treatment targets, just 24 percent of Type 2 diabetic patients are in a safe place, while 75 percent aren't there yet, he said. The day-to-day challenges diabetics face, and those providers face keeping them motivated, were themes in the second annual DHS Diabetes Day sponsored by the Endocrine Specialty-Primary Care Workgroup. The event aims to give DHS and Community Partner providers new information and tools to manage their patients. "We have the joy of working in one of the largest health systems

in the country," said DHS Chief of Research & Innovation Jeffrey Guterman, MD, MS. "If you improve care here by just 5 or 10 percent then you save hundreds of lives, reduce illness burden for thousands of patients, and ensure patients can keep their good eyesight, have kidneys that work, and won't have the heart attacks they fear." DHS endocrinologist and conference chair Theodore Friedman, MD, PhD, described the "enormous" problem of diabetes in DHS and L.A. County, saying effective treatment requires close partnership between the endocrinologist, medical home, and primary care provider and use of platforms like e-Consult that empower medical home providers to do more. He said the specialty-primary workgroup has made important strides, including creating new protocols and expected practices, webinars, obesity group visit programs, reduction in overall hemoglobin A1C rates, and possibly adding a new class of medicines to the formulary. New education materials for providers and patients have also been created for ORCHID. For the more than 40,000 empaneled patients with diabetes in DHS, department experts said

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A Message From the Director



Mitch Katz, MD

The power of DHS is the people who work here. Even when our systems break down, DHS staff make it work. That is why, in collaboration with our union partners, we have launched the Employee Engagement Survey (see page 2). We want to hear from all of you about the things that you believe would make DHS a more successful health care provider for our patients and the broader community. You know best what would work in your respective areas. The survey is completely anonymous. Our union partners have supplied gift cards and a grand prize. And I have added the incentive that staff can come to work on Leap Day, February 29th in jeans, to show their engagement (Initially, I wanted people to be able to come in bicycle shorts, but that was ruled out by our Department of Human Resources!). I finished my third session providing medical care to inmates in our county downtown jail (twin towers). The dedicated health providers at the jail (physicians, social workers, psychologists, nurse practitioners, physician assistants, pharmacists, registered nurses, nursing assistants, and other health care staff) will be joining DHS in the coming months. The jail offers an important opportunity to improve health care for a group of people who will be reentering our communities. We want to do everything we can to treat their illnesses, such as substance addiction and mental illness, so that when people leave jail they do not recommit crimes. Best wishes.



Mobile Mamas Connect in the Neighborhood

By Michael Wilson

A text messaging system has been selected as an Innovation Challenge Finalist in the California Department of Health and Human Services' 'Let's Get Healthy California' initiative. Pregnant women enrolled in DHS' MAMA's Neighborhood prenatal care program can now text a "check in" notice to a number assigned to a community-based agency offering a social service like food and nutrition, bill and energy assistance, or substance abuse support. Managed by AT&T, the system generates a service satisfaction message back to the patient confirming her "check in." The patient's provider team is then able to measure service utilization. "The basis of MAMA's is the importance of connecting pregnant women with both medical and social services to achieve optimal birth out-

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(‘SYMPOSIUM’)

providing care in the patient-centered medical home (PCMH), use of group visits and remote monitoring, and adherence to evidenced-based practices and established drug therapies drive better clinical outcomes. Disease Management Programs (DMPs) and specialty clinics may be appropriate for complex patients, but providing support and tools for primary care doctors is more efficient. “It’s not about putting everyone in DMPs,” Guterman said, “it’s taking what works and putting it in the PCMH.” LAC+USC endocrinologist Andy Lee, DO, said widespread use e-Consult has decreased face to face visits in specialty clinics and created an unexpected phenomenon. One of the most dominant requests by primary care providers now is to try and co-manage patients in the medical home with specialty reviewers.



During the day-long conference, participants could choose among several breakout sessions on topics including new medications, bariatric surgery, and use of promotoras and mid-level providers for perspectives on the many facets of disease treatment. DHS chief medical officer Hal Yee, MD, said the historical way of treating diabetic patients in DHS was to get every patient to see a specialist. As DHS evolves under a business model of providing more care with fixed dollars, he described a medical home optimally “surrounded” by specialty care provided at the right time, right location and by the right provider. To view recorded lectures from the Diabetes Day symposium, visit the DHS YouTube page at <https://www.youtube.com/playlist?list=PLSiOO0iz0lyUWoTzUiosVWwoaxYTv-jws0>.



Complete Engagement Survey to Build Better Workplace

To welcome 2016, DHS and its labor partners are launching an Employee Engagement Survey. This survey will be an opportunity for DHS employees to identify strengths and weaknesses in DHS and at their facilities to help drive real workplace change. The electronic survey will open January 19 and be available 24/7 through Leap Day, February 29. The survey can be completed at work or at home, and individual responses will be anonymous. As part of the survey campaign, DHS will designate Leap Day as a jeans day so employees who complete the survey can show their engagement by wearing jeans on February 29. In addition, through the generosity of SEIU 721 and the Union of American Physicians and Dentists, DHS survey participants will have an opportunity to enter a drawing for gift cards and a grand prize. Employees will be notified of the survey link via a labor-management video, DHS email, workplace posters, and facility and union communications. Don’t miss this opportunity to participate, be honest and help build a better workplace.



INTERSECTIONS IN QUEER HEALTH NEVER A SINGLE STORY

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Southern California LGBT Health Conference

By Peter Ureste, MD

LGBT people experience many forms of discrimination in healthcare because of their sexual orientation (lesbian, gay, and bisexual people) and/or their gender identity (transgender people). The Human Rights Campaign Foundation (HRC) developed a national benchmarking tool called the Healthcare Equality Index (HEI) evaluating healthcare facilities’ policies and practices related to the equity and inclusion of their LGBT patients, visitors, and employees. The HEI is used by consumers who wish to seek services from a LGBT friendly hospital. LAC+USC was surveyed in 2013 and several areas were identified for improvement. In 2015 an advisory committee consisting of physician residents, nurses, medical students, USC faculty, and hospital administrators, now called LGBT Thrive: The Advisory Committee for Health Care Equality, was formed. They have been working closely with CEO Dan Castillo and CMO Dr. Brad Spellberg

to review and revise hospital policies related to nondiscrimination and equal visitation, updating the patient handbook and hospital website, and promoting online LGBT patient centered care training. We are proud to announce that HRC has named LAC+USC Medical Center a "Leader in LGBT Healthcare Equality" for 2015 and 2016 for its commitment to inclusive equitable care for LGBTQ patients and their families. Student members of the advisory committee are planning the second annual Southern California LGBT Health Conference and is open to health professional students, clinicians, undergraduate students, and community members who are interested in LGBT health. This year the conference will offer a special CME track. The conference will be held at UC Irvine School of Medicine on February 20th, 2016. You can find more information and register at www.socallgbthealthconference.org.

(‘MAMA’s’)

comes,” says program director Erin Saleeby, MD. “The texting platform allows moms to share that a referral has been successful or to share problems they are having accessing community-based services.” Saleeby said the idea grew as a way to bridge the gap between the formal healthcare system and the neighborhood referrals many women need to round out the medical care with social services. The texting platform facilitates quicker information sharing so the provider team can keep better track and step in and assist if there’s an issue.

“It’s another tool to enhance patient engagement in care, which is especially important for low-income, high-risk moms who can easily fall through the cracks,” adds Saleeby. “As mobile devices play a bigger role in our lives, and our healthcare, it’s a logical step forward.” There are six DHS facilities participating in the MAMA’s Neighborhood program. The texting platform is currently being piloted at Harbor-UCLA Medical Center. The Innovation Challenge aims to continue California’s track record of spurring innovations.

California Reaches Deal on New Waiver

By Michael Wilson

California’s 21 public hospital systems will continue sweeping overhauls of care delivery under an end-of-year agreement with the federal government renewing the state’s demonstration project, or Medicaid Waiver. The agreement bolsters the Medi-Cal program and supports care for the state’s remaining uninsured through 2020. Erica Murray, President and CEO of the California Association of Public Health Systems (CAPH), said the agreement with the U.S. Centers for Medicare and Medicaid Services (CMS) strengthens California’s safety net. “We applaud CMS for partnering with California and our state’s public health care systems to continue leading the nation towards more efficient and effective care for the most vulnerable members of all our communities.” A Waiver refers to Section 1115 of the Social Security Act, which gives the Secretary of Health and Human Services authority to approve experimental programs aimed at improving a Medicaid program, such as enhancing services, changing the way services are delivered, expanding coverage to new populations, or evolving reimbursement models. Key elements of the new Waiver include a 5-year performance incentive that builds on the work of the Delivery System Reform Incentive Program (DSRIP) pilot from the past 2010 Waiver. Up to \$3.7 billion in federal funds will support design and prioritization of proactive outpatient services. A global payment pilot – a first in the nation – aims to reform reimbursement for caring for the state’s remaining uninsured and incentivize health systems to adopt cost-effective primary care models. The Waiver will also support pilot projects in California counties integrating physical and behavioral health services for ‘total person’ care.

FAST FACTS From Dr. Katz

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